# FORM

State of Washington Department of Ecology



# WASHINGTON STATE

# DANGEROUS WASTE PERMIT GENERAL INFORMATION

(Read "Form 1 Instructions" before starting)

I. EPA/STATE I.D. NUMBER 2-18-86

WAD00081291

II. NAME OF FACILITY	
CHEMICAL PROCESSORS	I.N.C.
III. FACILITY CONTACT	
	,
S.T.E.F.A.N.I., D.E.N.N.I.S., M.G.R., R.E.C.	B. PHONE (area code a no.)  G.U.L.A.T.O.R.Y: A.F.F.A.I.FS 2 0 6 7 6 7 0 3
IV. FACILITY MAILING ADDRESS	
A. STREET OR P.O. BOX	
5,5,0,1, ,A, I, R, P, O, R, T, ,W, A, Y, ,S,O,U,T, F	L 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
B. CITY OR TOWN	C. STATE D. ZIP CODE
S,E,A,T,T,L,E	WA 9 8 1 0 8
V. FACILITY LOCATION	
A. STREET, ROUTE NO. OR OTHER SPECIFIC	C IDENTIFIER
P,I,E,R, 9,1	<del></del>
B. COUNTY NAME	
KI,N,G	
C. CITY OR TOWN	D. STATE E. ZIP CODE F. COUNTY CODE (if known)
S,E,A,T,T,L,E	WA 9,8,1,1,9
IV. SIC CODES (4-digit, in order of priority)	
A. FIRST	B. SECOND
2 9 1 1 (specify) OIL REPROCESSING	(specily)
C. THIRD	D. FOURTH
(specity)	(specify)
VII. OPERATOR INFORMATION	
A. NAME	D. I. a
CHEMICAL PROCESSORS IN	
	LYES NC
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "O	ther", specity.)  D. PHONE (area code & no.)
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P = PRIVATE	(specify)
E. STREET OR P.O. BOX	
501 A IRPORT WAY SOUTH	
F. CITY OR TOWN	G. STATE H. ZIP CODE VIII. INDIAN LAND
SEATTLE	WA98108  Is the facility located on Indian lands?  YES  NO

COMPLETE BACK PAGE

USEPA RCRA 3012911 REGEIVED
JUL 21 1986

WASTE MANAGEMENT BRANCH

ECY 030-31

ECL4 -279-

#### IX. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids undergound. Include all springs, rivers and other surface water bodies in the map ares. See instructions for precise requirements.

X. NATURE OF BUSINESS (provide a brief description)

Pier 91 is a waste oil reclamation facility. By utilizing tank treatment, resuable oil is reclaimed by separating the impurities. Liquid wastes containing low concentrations of heavy metals and/or low concentrations of hazardous wastes are treated to remove the contaminants or render the liquids non-hazardous.

Pier 91 is a storage, blending and marketing facility of used oil fuel and hazardous waste fuel.

## XI. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)

Ronald S. West, President

SIGNATURE

C. DATE SIGNED

2/18/86

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•	3	DANGER	ous	WASTE	PERMIT	Α	PPLICATION				TE I.D. N	
	FOR OF	FICIAL USE ONLY										- 1
	APPLICA APPROV	TION DATE RECEIVED					COMMENT	s		:		
										•		-
	II. FIRS	T OR REVISED APPLI	CATION									
	Place	in "X" in the appropriate box in first application and you alread	A or B belo	w (mark one bo	x only) to indicate	wheth	or this is the first applicat	los vou ese ent-				
	_					, or if t	his is a revised application	n, enter your tack	ity's EPA/	or facility or STATE I.D. I	a revised ap Number in Sa	pplica!
	A FIRST A	PPLICATION (place an "X" be	low and pro	vide the approp	riate date)							
		1 EXISTING FACILITY (See instruction Complete it	tions for delicem below.)	nition of "existing"	tacility			□ 2 NI	WFACILITY	(Complete R	en Selow )	
		I I I I OPE	EXISTING FA	IN OR THE DATE (	E THE DATE (mo., day,	ر بر ا MENCE		- MC	DAY	YA	FOR NEW FAC PROVIDE THE ( mc . day . 4 y THON BEGAN (	E DATE
1	B. REVISED	APPLICATION (place an "X"	below and c	omplete Section	n l above)		n				EXPECTED TO	D BEGIN
		1. FACILITY HAS AN INTERIM ST	ATUS PERM	IT .				□ 2 FA	CILITY HAS	A FINAL PERI	47	
1	III. PROC	ESSES - CODES A	ND DESI	GN CAPAC	ITIES					TIMAL PERI		
1	B. PROCES	SS CODE — Enter the code from needed, enter the code(s) in the space provided on the SS DESIGN CAPACITY — For SINT — Enter the amount.  OF MEASURE — For each amound that are listed below should be something the state of the second se	(Section III- each code e	C). Intered in colum	n A enter the capa	city of	the process.	. St coods palow	, then desc	cnbe the pr	rocess (inclu	uding it
		The state of the s	PRO-	APPROPRI	ATE UNITS OF						RIATE UN	
1	-	PROCESS	CESS	DESIGN	FOR PROCESS CAPACITY		PROCESS		CESS CODE	MEASUR	REFORPA	ROCE
	Storage:						Treatment:			DESIG	GN CAPAC	CITY
	CONTAINE	R (barrel, drum, etc.)	S01 S02	GALLONS C			TANK		TO1	GALLONS	PER DAY	
	WASTE PIL	E	S03	GALLONS C	OS OR		SURFACE IMPOUNDM	ENT	TO?	LITERS PE	ER DAY	
	Disposal:	MPOUNDMENT	\$04	GALLONS C			INCINERATOR		103	TONS PER METRIC TO	ER DAY R HOUR OR ONS PER H	HOUR.
	INJECTION LANDFILL  LAND APPL OCEAN DISK SURFACE IN	ICATION	D80 D81 D82 D83	GALLONS O ACRE-FEET would cover or depth of one to OR HECTAR ACRES OR I- GALLONS PI LITERS PER GALLONS O	(the volume that the acre to a ot) E-METER IECTARES ER DAY OR DAY		OTHER (Use for physical tre- thermal or biological tre- processes not occurring surface impoundments of ators. Describe the proce the space provided; Sec	atment o in tanks, or inciner-	T04	LITERS PE	PER DAY OF	
			UNIT OF	-			UNIT OF					•
ı	GALLONS .		CODE	ואט	T OF MEASURE		CODE		FMEASURE			ME
	CUBIC YARDS CUBIC METERS		. G Y C U	, т м С	TERS PER DAY DNS PER HOUR ETRIC TONS PER HOU ALLONS PER HOUR TERS PER HOUR	JR .	V D W E H	ACRE-I HECTA ACRES HECTA	RE-METER	:		:::::::::::::::::::::::::::::::::::::::
	EXAMPLE	FOR COMPLETING S gallons and the other	ECTION can hold	III (shown i	n line numbers	X-1	and X-2 below): A	A facility has	two sto	orage tar	nks. one	tank
N	1	B. PROCESS D	ESIGN CAF	PACITY	•	T	i i	B. PROCESS			nons per	nour.
LMIB	CESS			2. U			A. PRO-		DESIGN C	AFACIT	2. UNIT	-
N E E R	(from list	1. AMOUN (specify)	Т	SUI (en	RE USE	N E	E (from lest		AOUNT HOLITY)		OF MEA- SURE (enter code)	
X-1	5 0 2	600		IG	111	.5					TH	+
15	T 0 3	20	A A	ΙE		6						++
	S 0   2	9,036,090		G		7				•		++
2	T 0 1	40,000		יט: !		8			,			++

100,000

T 0 4

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9

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III. PROCESSES (continued)

& SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESS (code "TO4") FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CALIACITY

TO4 - Centrifuge and or belt press/filtration - 100 gpm

## IV. DESCRIPTION OF DANGEROUS WASTES

- A. DANGEROUS WASTE NUMBER Enter the four digit number from Chapter 173-303 WAC for each listed dangerous waste you will handle. If you handle dangerous wastes which are not listed in Chapter 173-303 WAC, enter the four digit number(s) that describes the characteristics and/or the toxic contaminants of those dangerous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non—listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE CO	ODE
POUNDS	. P	KILOGRAMS	. K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

# D. PROCESSES

1. PROCESS CODES:

For listed dangerous waste: For each listed dangerous waste entered in column A select the code(s) from the list of process codes contained in Section III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non—listed dangerous wastes: For each characteristic or toxic contaminant entered in Column A, select the code(s) from the list of process codes contained in Section II to indicate all the processes that will be used to store, treat, and/or dispose of all the non—listed dangerous waster that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above. (2) Enter "000" in the extreme right box of Item [V-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2 PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form

NOTE: DANGEROUS WASTES DESCRIBED BY MORE THAN ONE DANGEROUS WASTE NUMBER — Dangerous wastes that can be described by more than one Waste Number shall be described on the form as follows:

1. Select one of the Dangerous Waste Numbers and enter it in column A. On the same line complete columns B. C. and D by estimating the total annual quantity of the

- waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

  2. In column A of the next line enter the other Dangerous Waste Number that can be used to describe the waste in column D/2) on that line enter the other Dangerous Waste Number that can be used to describe the waste in column D/2) on that line enter the other Dangerous Waste Number that can be used to describe the waste.
- 2. In column A of the next line enter the other Dangerous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above and make no other entries on that line.
- Repeat step 2 for each other Dangerous Waste Number that can be used to describe the dangerous waste.

EXAMPLE FOR COMPLETING SECTION IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an inconstant disposal will be in a landfill.

L A.		C. UNIT	
NO WASTE NO.	B. ESTIMATED ANNUAL QUANTITY OF WASTE	SURE (enter code)	1. PROCESS CODES  (enter)  2. PROCESS DESCRIPTION  (if a code is not entered in D(1))
X-1 K 0 5 4	900	P	T 0 3 D 8 0
X-2 D 0 0 2	400	P	T 0 3 D 8 0
X-3 D 0.0 1	100	P	T 0 3 D 8 0
X-4 D 0'0 2			TO3D80 included with above

NOTE: Producepy this page before completing if you have more than 26 wastes to list.

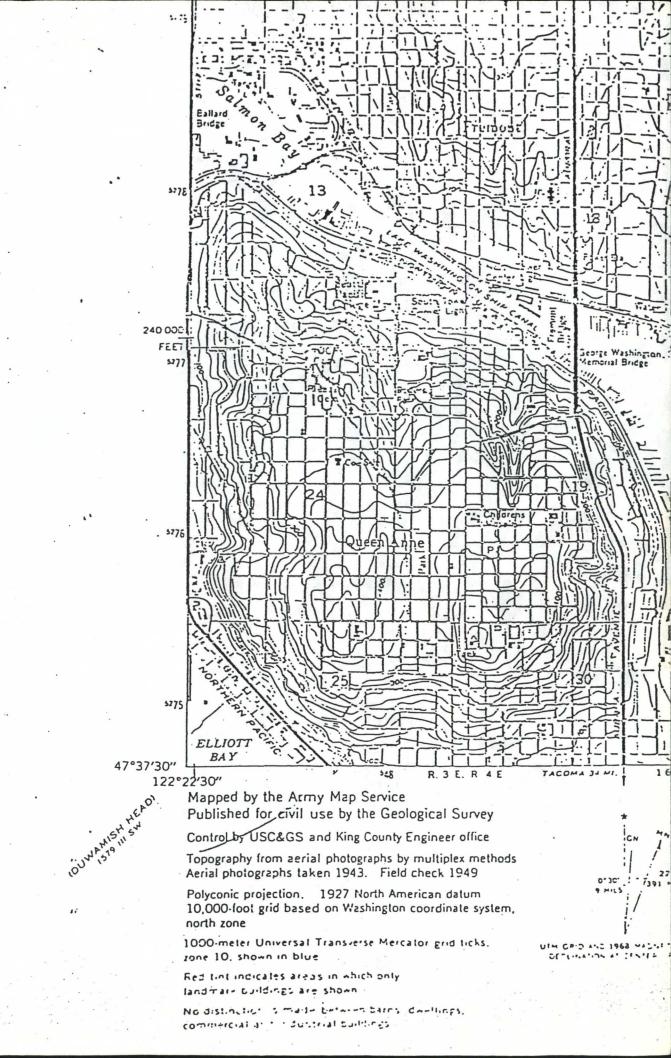
	_	ι,D.	NUA	ABE	R (e	nter	Iron	n pa	90	1)	
W	A	D	0	0	0	8	1	2	9	L	7
										_	

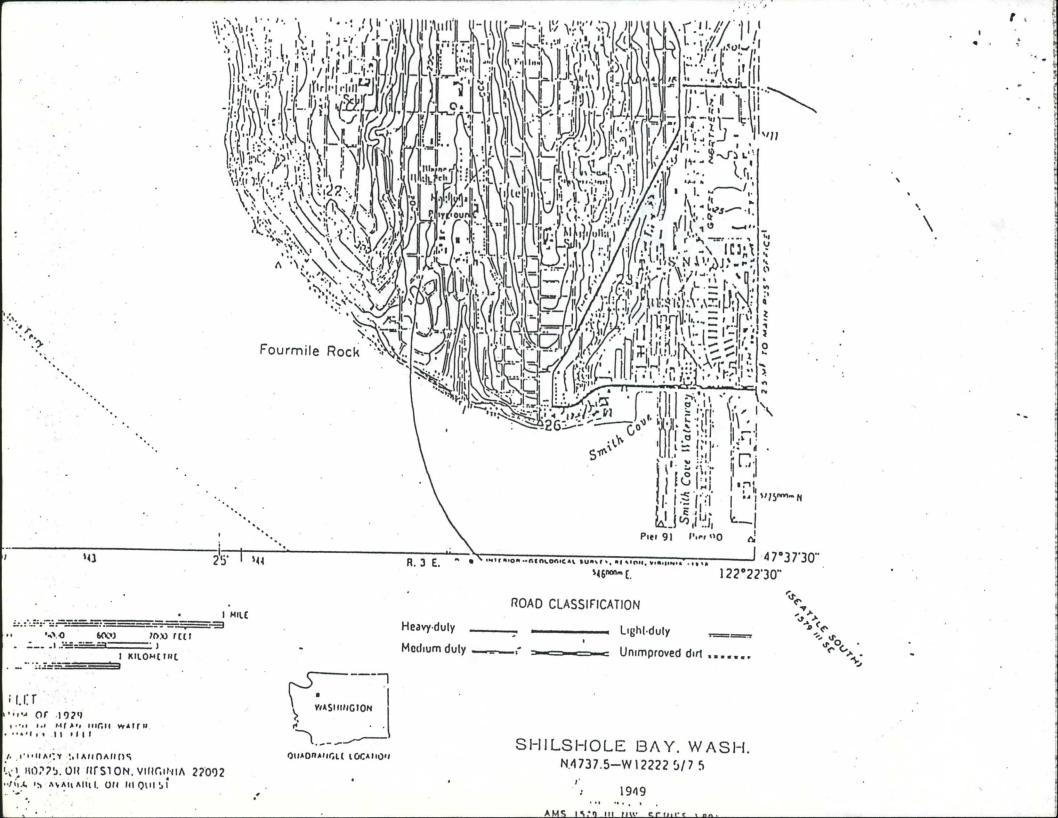
No.   DESCRIPTION OF DANGEROUS WASTES (CONTINUED)   D. PROCESSES	
No.   Process codes   Code   Process   Code   Cod	
2   K   0   4   9   2000	 n
T	•
S   K   0   5   2   500	
6 D 0 0 D 1 500       T S 0 2 T 0 1 T 0 4       " " " " " " " " " " " " " " " " " " "	
7 D 0 0 0 2 2 2000       T S 0 2 T 0 1 T 0 4       " " " "         8 D 0 0 3 500       T S 0 2 T 0 1 T 0 4       " " " "         9 D 0 0 4 500       T S 0 2 T 0 1 T 0 4       " " " "         10 D 0 0 5 500       T S 0 2 T 0 1 T 0 4       " " " "         11 D 0 0 6 500       T S 0 2 T 0 1 T 0 4       " " " "         12 D 0 0 7 15000       T S 0 2 T 0 1 T 0 4       " " " "         13 D 0 0 8 500       T S 0 2 T 0 1 T 0 4       " " " "         14 D 0 0 9 500       T S 0 2 T 0 1 T 0 4       " " " "         15 D 0 1 0 500       T S 0 2 T 0 1 T 0 4       " " " "         15 D 0 1 0 500       T S 0 2 T 0 1 T 0 4       " " " "         16 D 0 1 1 500       T S 0 2 T 0 1 T 0 4       " " " "         17 F 0 0 1 500       T S 0 2 T 0 1 T 0 4       " " " "	
8 D 0 0 3       500       T S 0 2 T 0 1 T 0 4       " " "         9 D 0 0 4       500       T S 0 2 T 0 1 T 0 4       " " "         10 D 0 0 5       500       T S 0 2 T 0 1 T 0 4       " " "         11 D 0 0 6       500       T S 0 2 T 0 1 T 0 4       " " "         12 D 0 0 7       15000       T S 0 2 T 0 1 T 0 4       " " "         13 D 0 0 8       500       T S 0 2 T 0 1 T 0 4       " " "         14 D 0 0 9       500       T S 0 2 T 0 1 T 0 4       " " "         15 D 0 1 0       500       T S 0 2 T 0 1 T 0 4       " " "         16 D 0 1 1 500       500       T S 0 2 T 0 1 T 0 4       " " "         17 F 0 0 1 500       T S 0 2 T 0 1 T 0 4       " " "         18 F 0 0 2 500       T S 0 2 T 0 1 T 0 4       " " "	-
9 D 0 0 4 500 T S 0 2 T 0 1 T 0 4 " " " " " " " " " " " " " " " " " "	
10       D       0       5       500       T       S       0       T       T       0       0       1       0	-
11 D 0 0 6 500 T S 0 2 T 0 1 T 0 4 " " "  12 D 0 0 7 15000 T S 0 2 T 0 1 T 0 4 " " "  13 D 0 0 8 500 T S 0 2 T 0 1 T 0 4 " " "  14 D 0 0 9 500 T S 0 2 T 0 1 T 0 4 " " "  15 D 0 1 0 500 T S 0 2 T 0 1 T 0 4 " " "  16 D 0 1 1 500 T S 0 2 T 0 1 T 0 4 " " "  17 F 0 0 1 500 T S 0 2 T 0 1 T 0 4 " " "  18 F 0 0 2 500 T S 0 2 T 0 1 T 0 4 " " "	
12       D       0       0       7       15000       T       S       0       2       T       0       1       T       0       0       0       1       0 <td></td>	
13       D 0 0 8       500       T S 0 2T 01 T 04       " " " " " " " " " " " " " " " " " " "	
.14       D 0 0 9       500       T S 0 2 T 0 1 T 0 4       " " "         15       D 0 1 0       500       T S 0 2 T 0 1 T 0 4       " " "         16       D 0 1 1       500       T S 0 2 T 0 1 T 0 4       " " "         17       F 0 0 1       500       T S 0 2 T 0 1 T 0 4       " " "         18       F 0 0 2       500       T S 0 2 T 0 1 T 0 4       " " "	<b></b> .
15 D O 1 O 500 T SO 2 T O 1 T O 4 " "  16 D O 1 1 500 T SO 2 T O 1 T O 4 " " "  17 F O O 1 500 T SO 2 T O 1 T O 4 " " "  18 F O O 2 500 T SO 2 T O 1 T O 4 " " "	
16     D 0 1 1     500 -     T S 0 2 T 0 1 T 0 4     " "       17     F 0 0 1     500     T S 0 2 T 0 1 T 0 4     " "       18     F 0 0 2     500     T S 0 2 T 0 1 T 0 4     " "	
17 F 0 0 1 500 T S 0 2 T 0 1 T 0 4 " " " " " " " 18 F 0 0 2 500 T S 0 2 T 0 1 T 0 4 " " " "	
18 F 0 0 2 500 T S 0 2 T 0 1 T 0 4 " " "	
T S 0 2 T 0 1 T 0 4 "	
19 F 0 0 3 500	
$\begin{bmatrix} T \\ S \\ O \\ Z \end{bmatrix} = \begin{bmatrix} T \\ S \\ O \\ Z \end{bmatrix} = \begin{bmatrix} T $	
So IT 01 TO 4 Blending or Mixing	
Centrifuge/Filtration	n
22 L W T 0 2 3,500 T   S 0 1 T 0 1 T 0 4 " "	•
24	
25	
26	<del>.</del> -

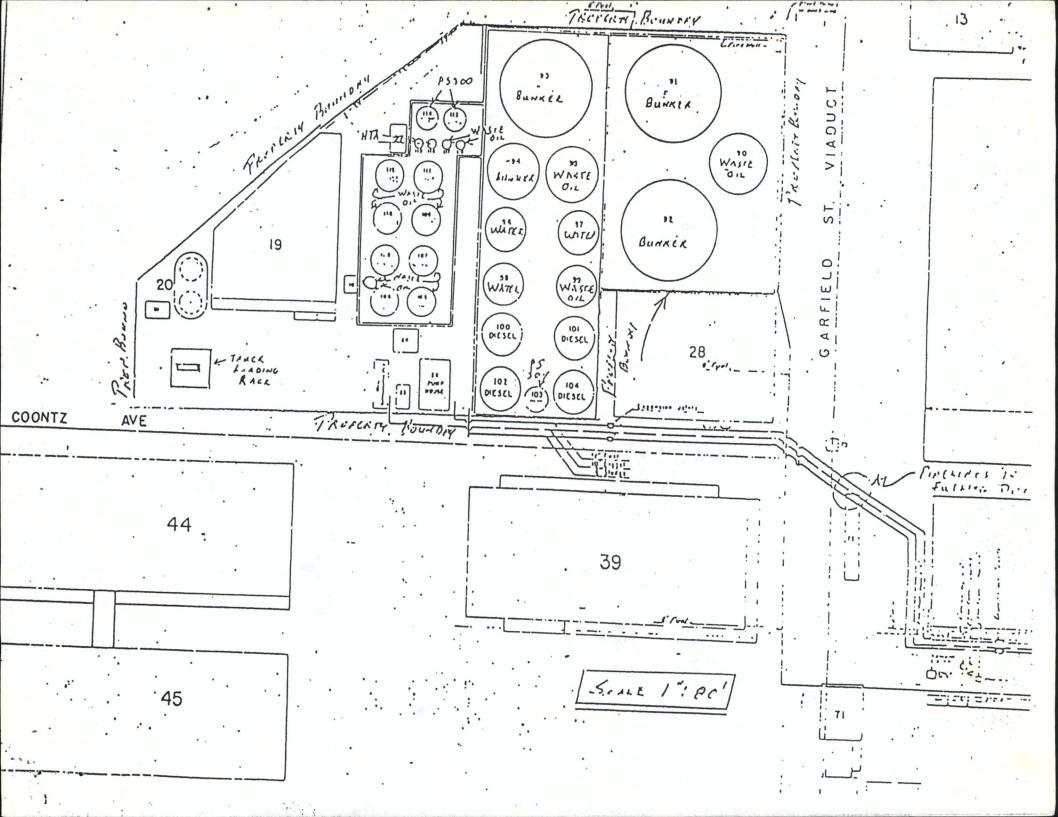
Continued from the front.	
V. DESCRIPTION OF DANGEROUS WASTES (continued)	
E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM SECTION D(1)	DN PAGE 3.
. "	
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	· ·
V. FACILITY DRAWING	
All existing facilities must include in the space provided on page 5 a scale drawing of	the facility (see instructions for more detail).
VI. PHOTOGRAPHS	
All existing facilities must include photographs (serial or ground—level) that clearly de sites of future storage, treatment or disposal areas (see instructions for more detail)	lineate all existing structures; existing storage treatment and discount
The state of the s	and disposal areas; and
VII. FACILITY GEOGRAPHIC LOCATION	
LATITUDE (degrees, minutes, & seconds)	LONGITUDE (degrees, minutes, & seconds)
4 7 3 8 0 8 N	
1717 310 01314	1 2 2 2 5 0 W
VIII. FACILITY OWNER	
A. If the facility owner is also the facility operator as listed in Section VII on Form 1, "G	eneral Information", place an "X" in the box to the left and skip to Section IX below
<ul> <li>B. If the facility owner is not the facility operator as listed in Section VII on Form 1, com</li> </ul>	aplete the following items:
1. NAME OF FACILITY'S LEGAL OWNEI	2. PHONE NO. (area code & no
P.O. R.T. O. F. S.E. A. T. T.L. E.	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3. STREET OR P.O. BOX	4. CITY OR TOWN 5. ST. 6. ZIP CODE
P.O. B.OX, 1 2 0 9	TE
	9 8 1 1 1 1
IX. OWNER CERTIFICATION	
I certify under penalty of law that I have access the	
I certify under penalty of law that I have personally examined and documents, and that based on my inquiry of those individuals imme submitted information is true, accurate, and complete I am aware	am familiar with the information submitted in this and all attache
submitted information is true, accurate, and complete. I am aware including the possibility of fine and imprisonment.	that there are significant penalties for submitting (also information)
including the possibility of fine and imprisonment.	positioned for Submitting laise information
NAME (print or type) . SIGNATURE	/ 0 /
FRANK CLARK	DATE SIGNED
TRANK CLARK	er C ( Sev K 5-27-86
X. OPERATOR CERTIFICATION	The Contract of the Contract o
I certify under penalty of law that I have personally examined and documents, and that based on my inquiry of those individuals immediately	am (amilias with the info
	hat there are significant penalties to authorize the the
including the possibility of fine and imprisonment.	or submitting false information
VALUE (order and and	
NAME (print or type) SIGNATURE	DATE SIGNED
RONALD S. WEST	
The Ki	/V/W/ 2/13/36
13E -271- ECY 030-31 Form 3 PAGE 4	OF 5

ECL3E -271- ECY 030-31 Form 3

CONTINUE ON PA







# FORM

State of Washington Department of Ecology



# DANGEROUS

WASHINGTON STATE

# DANGEROUS WASTE PERMIT GENERAL INFORMATION

(Read "Form 1 Instructions" before starting)

I. EPA/STATE I.D. NUMBER

W A D 0 0 0 8 1 2 9 1 7

The state of the s	
II. NAME OF FACILITY	
CHEMICAL PROCESSORS IN	I.C.
III. FACILITY CONTACT	
A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
S, T, E, F, A, N, I, D, E, N, N, I, S, M, G, R, R, E, G, U, I	, AT, QR, Y, A, F, F, A, I, R, S, 2, 0, 6, 7, 6, 7, 0, 3, 5, 0
IV. FACILITY MAILING ADDRESS	
A. STREET OR P.O. BOX	
5, 5, 0, 1, , A, I, R P, O, R, T, , WA, Y, , S, O, U, T, H,	
B. CITY OR TOWN	C. STATE D. ZIP CODE
SEATTE	W A 98108
V. FACILITY LOCATION	
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENT	TIFIER
P. I.E.R. 91	
B. COUNTY NAME	
K I N G	
C. CITY OR TOWN	D. STATE E. ZIP CODE F. COUNTY CODE (If known)
S, E, A, T, T, L, E,	WA 9.8.1.1.9
IV. SIC CODES (4-digit, in order of priority)	
A. FIRST	B. SECOND
2 9 1 1 OIL REPROCESSING	
C. THIRD	D. FOURTH
(specity)	(specify)
VII. OPERATOR INFORMATION	
A. NAME	B. Is the name listed in Item VII-A also the
CHEMICAL PROCESSOR INC	owner?
	The state of the s
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other"	, specify.) D. PHONE (area code & no.)
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify)	2 0 6 7 6 7 0 3 5 0
P = PRIVATE  E. STREET OR P.O. BOX	
5501 AIRPORT WAY SOUTH	
F. CITY OR TOWN	G. STATE H. ZIP CODE VIII. INDIAN LAND
SEATTLE	WA 98108 Is the facility located on Indian lands?

COMPLETE BACK PAGE

# IX. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment. storage, or disposal facilities, and each well where it injects fluids undergound. Include all springs, rivers and other surface water bodies in the map ares. See instructions for precise requirements.

X. NATURE OF BUSINESS (provide a brief description)

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YI	CERTIFICATION	(see	instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)

Ronald S. West, President

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	APPL

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W	A	D	0	0	0	8	1	2	9	1	7

FOR OFFICIAL USE ONLY	2				
APPLICATION DATE RECEIVED			COMMENTS		
APPROVED (mo. day & yr.)		_a-sty			
II. FIRST OR REVISED APP	LICATION				
			•		
		(mark one box only) to indicate whet acility's EPA/STATE I.D. Number, or it			
A. FIRST APPLICATION (place an "X"	below and provid	de the appropriate date)			
1 EXISTING FACILITY (See in	structions for definiti	ion of "existing" facility.		2. NEW FACILITY	(Complete item below.)
Сотріє	ne nem below.)				FOR NEW FACILITIES.
	FOR EXISTING FACIL OPERATION BEGAN (use the boxes to the	LITIES, PROVIDE THE DATE (mo., day, & yr. OR THE DATE CONSTRUCTION COMMENC 9 left)	) CED	MO. DAY	YR. (mo., day, & yr.) OPERA- TION BEGAN OR IS EXPECTED TO BEGIN
B. REVISED APPLICATION (place an	'X" below and con	mplete Section I above)			
1. FACILITY HAS AN INTERII				2. FACILITY HAS	A FINAL PERMIT
II. PROCESSES — CODES	AND DECIG	AL CARACITIES		The second second	
capacity) in the space provided on PROCESS DESIGN CAPACITY —	s) in the space p the (Section III-C,	rovided. If a process will be used the	at is not included in the list of code	facility. Ten lines a s below, then desc	tre provided for entering codes. If mo cribe the process (including its desi
capacity) in the space provided on PROCESS DESIGN CAPACITY — 1. AMOUNT — Enter the amount. 2. UNIT OF MEASURE — For each measure that are listed below s	s) in the space p the (Section III-C, For each code en amount entered i should be used. PRO- CESS	provided. If a process will be used the content of the capacity of the column B(1), enter the code from the code from the capacity of the code from the code from the code from the capacity of the code from the capacity of the code from the code from the capacity of the code from the capacity of the ca	nat is not included in the list of code of the process. The list of unit measure codes below the list of code.	at describes the ur	cribe the process (including its designation of the critical content of the cr
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EXAMPLE FOR COMPLETING SECTION III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

	T			B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY		N	A. PRO- CESS CODE (from list above)		B. PROCESS DESIGN CAPACITY				FOR OFFICIAL USE ONLY		
LBNER	L M CESS I B CODE N E (trom list		S E	1. AMOUNT (specify)	2. UNIT OF MEA- SURE (enter code)			LMIBNE			1. AMOUNT (apecity)		2. UNIT OF MEA- SURE (enter code)				
X-1	S	0	2	600	G				5							I	П
X-2	Т	0	3	20	E				6								
1	s	0	2	9,036,090	G				7			· · · · · · · · · · · · · · · · · · ·					
2	Т	0	1	40,000	U				8								
3									9								
4				2 4				Ц	10								

W DOOFFEE / WA	
III. PROCESSES (continued)	
C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESS (code "TO4"). FOR EACH PROCESS ENTER	RED HERE INCLUDE DESIGN CAPACITY

# IV. DESCRIPTION OF DANGEROUS WASTES

- A. DANGEROUS WASTE NUMBER Enter the four digit number from Chapter 173-303 WAC for each listed dangerous waste you will handle. If you handle dangerous wastes which are not listed in Chapter 173-303 WAC, enter the four digit number(s) that describes the characteristics and/or the toxic contaminants of those dangerous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non—listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODI
POUNDS	P		K
TONS		METRIC TONS	

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

#### D. PROCESSES

1. PROCESS CODES:

For listed dangerous waste: For each listed dangerous waste entered in column A select the code(s) from the list of process codes contained in Section III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non—listed dangerous wastes: For each characteristic or toxic contaminant entered in Column A, select the code(s) from the list of process codes contained in Section III to indicate all the processes that will be used to store, treat, and/or dispose of all the non—listed dangerous wastes that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: DANGEROUS WASTES DESCRIBED BY MORE THAN ONE DANGEROUS WASTE NUMBER — Dangerous wastes that can be described by more than one Waste Number shall be described on the form as follows:

- Select one of the Dangerous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- 2. In column A of the next line enter the other Dangerous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above"
- and make no other entries on that line. 3. Repeat step 2 for each other Dangerous Waste Number that can be used to describe the dangerous waste.

EXAMPLE FOR COMPLETING SECTION IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shave ings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

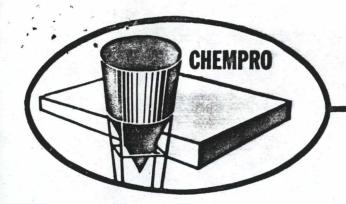
uisi	posar will be in a randim.			C. UNIT	D. PROCESSES									DCESSES				
		10.	B. ESTIMATED ANNUAL QUANTITY OF WASTE			1. PROCESS CODES (enter)										2. PROCESS DESCRIPTION (if a code is not entered in D(1))		
	-	T	T	4	900	P	T	0	3	D	8	0						
	1	+	T	2	400	P	T	0	3	D	8	0				·		
7-3	D	0	0	1	100	P	T	0	3	D	8	0						
 {-4	D	0	0	2			T	0	3	D	8	0		'		_		included with above

			npa								
-	1	9	2	1	8	0	0	0	D	A	W
	1	9	2	1	8	0	0	0	D	A	W

L			A.		N OF DANGEROUS WAS	C.	UNIT				- Control of the Cont					D.	PROCESSES
L N N E	W	AS'			B. ESTIMATED ANNUAL QUANTITY OF WASTE	S	MEA- URE enter ode)	1		1.	PRO		S C(	DDES			2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	K	0	4	9	2000		T		0	2		0 1		1 1		TT	
2	K	0	5	0	500		T	s	0	2	T	0'1		1 1		1 1	
3	K	C	5	1	500		т	s	0	2	T	0 1		1 1			
4	K	0	5	2	500		т	s	0	2	T(	) 1				T	
5	P.	1	1	0	500		T	s	0	2	T(	וי				1 1	
6	U	1	8	8	8000		T	S	0	2	T(	) 1				1 1	
7	U	0	5	1	500		T	s	0		T (	) 1					
8	U	0	5	2	500		т	s	0	2	T (	) 1				IT	
9	U	0	5	3	500		T	s	0	2	T (	) 1		T		1 1	
10	U	1	9	7	500		Т	s	0		T	1					
11	D	0	0	1	500		Т	s	0	2	_	01	-				
12	D	0	0	2	2000		Т	s	0	2	T	) 1		1		1 1	
13	D	0	0	3	500		T		0	2	T	) 1	_	,			
14	D	0	0	4	500		T		0		TC	1					
15	D	0	0	5	500		T	s	0	2	T (	) 1	-				
16	D	0	0	6	500		T	s	0	2	T(	) 1	1 '				
17	D	0	0	7	15000		Т	s	0	2	T	X 1					
18	D	0	Q	8	500		T	s	0	2		1		1			
19	D	0	0	9	500		T		0	_	T	1				' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	
20	D	0	1	0	500		T	S		2		1		, —		·	
21	D	0	1	1	500		Т	S		2	T	1					
22	U	1	8:	8	500		Т	S		2	T (	) 1					
23	U	1	2	2	500	+	T	S		2		1					
24	F	0	0	1	500		T	S		2		0 1	e.A.			· ·	
25	F			+	500	++	T	S	0	2	T (	1		-			
26	F	Q	0	3	500	11	T	S	0	2	T(	1			_		

W. DESCRIBTION OF DANGEROUS WASTES (	continued)			
E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES	FROM SECTION D(1) ON	PAGE 3.		
E. USE INIS SPACE TO LIST ADDITIONAL PROSESS SOCIETY	Control of the second			
V. FACILITY DRAWING	5 a scale drawing of	the facility (see in	structions for more detail).	•
V. FACILITY DRAWING  All existing facilities must include in the space provided on p				
VI. PHOTOGRAPHS  All existing facilities must include photographs (aerial or ground include photographs (aerial or ground include photographs (aerial or ground include photographs include photographs (aerial or ground include photographs include photographs include photographs (aerial or ground include photographs include photographs include photographs include photographs (aerial or ground include photographs include phot	und-level) that clearly de	lineate all existing	structures; existing storage	, treatment and disposal areas; and
All existing facilities must include photographs (astract sites of future storage, treatment or disposal areas (see inst	tructions for more detail).			
VII. FACILITY GEOGRAPHIC LOCATION			LONGITUDE (degre	es, minutes, & seconds)
LATITUDE (degrees, minutes, & sec	conds)		1 22	2 2 5 0 W
4 7 3 8 0 8 N			11212	
VIII. FACILITY OWNER			•	
	d in Section VII on Form 1, "C	General Information"	place an "X" in the box to t	he left and skip to Section IX below.
B. If the facility owner is not the facility operator as listed	in Section VII on Form 1, cor	nplete the following	tems:	
1. NAME O				2. PHONE NO. (area code & no.)
	RS INC			2 0 6 - 7 6 7 - 0 3 5
C, H, E, M, I, C, A, L, P, R, O, C, E, S, S, C	7 7 1 1 1 1 1 1		TOWN	5. ST. 8. ZIP CODE
3. STREET OR P.O. BOX	<del></del>	4. CITY OF	TOWN	W A 98108
5, 5, 0, 1, A, I, R, P, O, R, T, W, A, Y,	SO SEAT	Τ, L, Ε	111111	W A 9 8 1 0 0
IX. OWNER CERTIFICATION				
	andly examined and	l am familiar w	ith the information su	ibmitted in this and all attached
I certify under penalty of law that I have pers documents, and that based on my inquiry of	those individuals imm	ediately respon	sible for obtaining the	he information, I believe that the for submitting false information,
documents, and that based on my inquiry of submitted information is true, accurate, and concluding the possibility of fine and imprisonment	Ulliplete. I am amare	that there are	Significant ponume	
	SIGNATURE	//		DATE SIGNED
NAME (print or type)	1	11 1	1/1	4/20/24
	11111		Pin	1139/11
X. OPERATOR CERTIFICATION	0)/	-		
	sonally examined an	d am familiar w	ith the information s	ubmitted in this and all attached
I certify under penalty of law that I have per documents, and that based on my inquiry of	those individuals imm	nediately respo	nsible for obtaining to	he information, I believe that the
I authorited information is true, accurate, and o	complete. I am award	that there are	signincant penantes	
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# CHEMICAL PROCESSORS, INC.

5501 AIRPORT WAY SO. SEATTLE, WASHINGTON 98108

PHONE: [206] 767-0350

May 1, 1984

REGEIVED MAY - 1 1984

WASTE MANAGEMENT BRANCH

Washington Department of Ecology Hazardous Waste Section MS/PV-11 Olympia, WA 98504

Attn: David Saunders

Dear Mr. Saunders:

Enclosed is a revised Part A application for the Chemical Processor's Pier 91 facility in Seattle. As we discussed on the telephone, there is a question as to who is the legal owner of our Pier 91 facility, since we lease it from the Port of Seattle.

I discussed this issue with Betty Wiese of the Environmental Protection Agency. Based upon the November 10, 1980, EPA guidance on the definition of ownership under RCRA, we were unable to definitely resolve the question since it appears to be impacted by Washington State laws regarding legal rights and responsibilities of lease holders. Therefore, I am referring the matter to our attorney for an interpretation as to how we are affected.

Pending resolution of this issue, we have decided to send in a revised Part A with Chemical Processors listed as the owner in order that an up to date Part A be on file right away. If our attorney determines that the Port of Seattle needs to sign the Part A as owner, we will obtain that signature as soon as possible and send in a revised form with the revised signatures.

If you or Ms. Wiese have any questions, please contact me at 767-0350.

Sincerely,

Dennis Stefani

Manager Regulatory Affairs

cc: Betty Wiese, EPA

Enclosures